



1240 N. Highland Ave., Suite 5, Aurora, IL 60506
Phone (630) 444-3040 Fax (630) 897-8123

1750 Grandstand Place, Elgin, IL 60123
Phone (630) 444-3040 Fax (847) 888-6458

www.kanehealth.com

2019 APPLICATION FOR FOOD HANDLING PERMIT

As prescribed in Article II, Section C, Kane County Food Sanitation Ordinance, the undersigned hereby makes application for a permit to operate a food service establishment in the County of Kane.

ESTABLISHMENT INFORMATION

Name of Business _____ Fax _____
Phone _____
Address _____ City/State _____ Zip _____
E-mail _____ Website _____
Parcel Identification Number _____ (REQUIRED FIELD FOR NEW ESTABLISHMENTS)

MAIL DIRECT BILLING STATEMENT TO

Name of Business Owner _____ Fax _____
Phone _____
Address _____ City/State _____ Zip _____

PERMITS WILL BE MAILED TO THE ESTABLISHMENT ADDRESS UNLESS OTHERWISE INDICATED (An additional copy can be sent to the business owner at no charge if requested at the time of application submittal. After submittal a \$25.00 processing fee will apply.)

BUILDING OWNER

Name _____ Phone _____
Address _____ City/State _____ Zip _____

TYPE OF OWNER Individual Partnership Corporation/LLC Corporation/LLC Unit of Local Govt.

ESTABLISHMENT CLASSIFICATION (see reverse) _____ **TYPE OF PERMIT** New Renewal

SQUARE FEET _____ **SEATING CAPACITY** _____ **NUMBER OF EMPLOYEES** _____

SEASONAL (6 months or less) **NONSEASONAL** (more than 6 months)

BUSINESS HOURS _____ to _____ **DAYS CLOSED** _____

NAME OF CERTIFIED FOOD PROTECTION MANAGER _____

POSITION _____ **ID#** _____ **EXP. DATE** _____

WATER SUPPLY (check one) Public Private Date Water Tested _____

SEWAGE DISPOSAL (check one) Public Private

SEPTIC PUMPER _____ Last Date Pumped _____

GREASE TRAP DISPOSAL BY _____ (company name)

GREASE BARREL DISPOSAL BY _____ (company name)

PEST CONTROL CO. _____
(Name) (Complete Mailing Address) (Phone Number)

DATE _____ **SIGNATURE** _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

License Number _____ Issuance # _____

Permit Fee \$ _____ Category _____ Approved By _____

*** THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR LOCATION ***

ESTABLISHMENT CLASSIFICATIONS

CATEGORY I-1

Includes facilities that routinely:

- 1) All large (greater than 15,000 square feet) multi-departmental retail grocery stores

Example of Category I-1 facilities would include large (greater than 15,000 square feet) multi-department retail grocery stores which may include delicatessen, bakery, meat/seafood, produce and food service. A Certified Food Protection Manager must be on the premises at all times.

CATEGORY I-2

- 1) Potentially hazardous foods are cooled, as part of the food handling operation at the facility;
- 2) Potentially hazardous foods are prepared hot or cold and held hot or cold for more than 12 hours before serving;
- 3) Potentially hazardous foods cooked and cooled, must be reheated;
- 4) Potentially hazardous foods which are prepared for off-premises serving with time-temperature requirements during transportation; holding and service are relevant;
- 5) Complex preparation of foods, or extensive handling of raw ingredients with hand contact for ready-to-eat foods, occurs as part of the food handling operations at the facility;
- 6) Vacuum packaging and/or other forms of reduced oxygen packaging are performed at the retail level; or
- 7) Immunocompromised individuals such as the elderly, pre-school aged children and pregnant women are served, where these individuals compose the majority of the consuming population.

Examples of Category I-2 facilities would include full-menu restaurants, caterers, hospitals, small (less than 15,000 square feet) grocery stores, daycares/pre-schools providing a full service meal. A Certified Food Protection Manager must be on the premises at all times.

CATEGORY II

- 1) Hot or cold foods are held at required temperatures for no more than 12 hours and are restricted to same day service;
- 2) Foods are prepared from raw ingredients using only minimal assembly;
- 3) Foods that require complex preparation (whether canned, frozen or fresh prepared) are obtained from approved food processing plants, high risk food service establishments or retail food stores.

Examples of Category II facilities would include fast food restaurants and daycares/preschools that provide potentially hazardous pre-packaged or catered food that must be kept hot or cold. A Certified Food Protection Manager must be on the premises at all times.

CATEGORY III

- 1) Only pre-packaged foods are available or served in the facility, and any potentially hazardous foods available are commercially pre-packaged in an approved processing plant;
- 2) Only limited preparation on non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs in facility;
- 3) Only beverages (alcoholic and non-alcoholic) are served at the facility.

Examples of Category III facilities would include retail outlets selling only pre-packaged foods, movie theaters with popcorn and soda, and bars that do not prepare potentially hazardous food and daycares/pre-schools that serve limited potentially hazardous foods such as milk or non-potentially hazardous snack. A Certified Food Protection Manager recommended but not required.

Establishments serving milk only and/or coffee only or fewer than 3 coolers of one other single food item that is prepackaged such as ice cream or cheese can petition for 50% waiver.

Applications submitted after July pay half the appropriate fee (Applicable to New Food Establishments Only).



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CATEGORY I-1, I-2, AND II FOOD ESTABLISHMENTS

Mandatory Certified Food Protection Manager Schedule

Name of Establishment: _____
Address: _____
City: _____ Zip: _____ Phone: _____

A Certified Food Protection Manager must be present at all times the facility is in operation for Category I-1, I-2 and II establishments. Provide two (2) weeks' worth of work schedules for these employees (see reverse side for schedule).

1) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

2) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

3) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

4) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

5) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

6) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

(Signature (Owner/Manager))

Certified Food Protection Manager Schedule

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
12:00 a.m.							
1:00 a.m.							
2:00 a.m.							
3:00 a.m.							
4:00 a.m.							
5:00 a.m.							
6:00 a.m.							
7:00 a.m.							
8:00 a.m.							
9:00 a.m.							
10:00 a.m.							
11:00 a.m.							
12:00 p.m.							
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.							
7:00 p.m.							
8:00 p.m.							
9:00 p.m.							
10:00 p.m.							
11:00 p.m.							